

Synergetics

Prosperity through Unity, Equality, and Perseverance

Life Balance and Management Program

Brief Points:

- Some History
- The Program
- Who does it help, How does it help
- Benefits to the State and the People
- Contacts

Some History:

Since 2005, I have been conceptualizing, writing and putting the pieces of this program together in various formations. After receiving my head injury during my second tour in Iraq in 2009, my life changed considerably, but for the better. For me to be successful I had to minimize areas of my life, so they were easily manageable. By doing this I was able to finish my Master in Clinical Social Work early, maintain a 3.96 GPA, and start the final process of this program. All of this led to the successful operation of my TBI (Traumatic Brain Injury) program inside the Life Balance and Management program.

I have been working with children since 2005. I started working with families in 2009. This is where I started to learn about systems and the benefits of a fully functional system. After receiving my degree, I stayed with child and family counseling until 2015 when I was hired to run a PACT program. I then moved out to Ft. Harrison and became the psychological Health Coordinator for the State of Montana. In that position I had the opportunity to see the issues up close across the state as I interviewed the National Guard Soldiers individually. These interviews came to be of the due to the suicide response teams that I had developed for the Suicide Management SOP that was meant to help the military with the rising suicide rate. This is just an example of experiences that I have used working in the mental health sector and with the people that has led me to be able to understand what the needs of the people are per situations that arise. Along with open and honest communication I have also had the privilege to gain an inside view of the desperation of socioeconomically challenged of our society and why drugs and alcohol play a big part in their demise.

3 years ago we presented a piece of this program to different areas of the state that I thought would benefit from having help with our homeless population, reducing the recidivism rate, boosting veteran support, and saving the state about 14 million every 6 months after the cost of around 1.8 million a year to run the program. I had even offered to collaborate with the state to develop the program as a state program. After my program was almost stolen from me so that it could be given to another agency, right down to how I planned on operating it, what employees I had already chosen and how I would handle different challenges and we were told that we were not capable of delivering what we offered I was given some friendly information/advice from a high standing member in this area of the state “your program has scared a lot of people because they know it will work and if it does it takes away from their jobs and could potentially eliminate some of their jobs”.

I wasn't trying to offend anyone or cost them their jobs. I studied the systems in Montana, I studied the laws and codes and I studied the way services were being delivered (as well as worked for some of the agencies) and I found the gaps in services that were not and could not feasibly be addressed by the different programs because of the way the programs were designed, and I developed my program(s) to address those needs. It was never meant to attack anyone but instead was meant to help fill in the gaps, lessen collateral damage and help them be able to do their jobs without being overwhelmed.

With that advice, I concluded that, as it has been for as long as I can remember, the agencies and departments still have issues working with each other and a joint venture as proposed brought that to the surface. Therefore, I went back to the drawing board and instead of slimming down the program(s) I designed I combined them all into one program that will benefit not only the overwhelmed systems of Montana but will also help the people the way I believe the state has meant to help them the whole time. With the help of Tammy DeFrance and her unique insights into her areas of work in the field I wrote this program to help everyone who wants to be helped and those who don't but show up anyway.

The problem as I see it is that the systems that are supposed to help people are overwhelmed, have too many gaps for people to fall through, and general burnout of the employees in these systems. If you would like you can also add the lack of money that is available to the employees to make a wage that meets or exceeds the workload. Which makes hiring quality, trained individuals for the positions vacated even more difficult and the quality people that are hired suffer burnout before their time because the overwhelming caseloads do not allow for quality insightful training experiences that would make their job a little easier. These issues have been and will continue to hinder all the systems in Montana if they are not addressed.

The final piece of the problem is time and money. The individuals we have talked to trying to promote the program cannot give us the time needed to explain the program and its benefits on a statewide basis, cannot take the time to read what we have sent them so they would know what they have and can ask questions during our limited time, and don't even

have the time to return an email or talk to us at all. As money seems to be what makes things go, we are always asked how much we want to start the program, are we established and so on. We are established and we never asked for money. Not even three years ago did we ask for money. All we asked is how would will bill the program and how could we get the state to send people to the program.

At one point there was a discussion about how we would spread the program across the state. In that discussion I mapped out how it would be done, over a 3- and 5-year projection, that my partner had designed for expansion. When we were told that wasn't fast enough we said that the only way for it to be faster is to open locations every 4 to 6 months in the high needs areas first and that the state would need to pitch in funding for that and that the time frame was not conducive to success over time but would create a plethora of issues that would bog down success rates right out of the gate, create the same overwhelming caseloads, duplicate the burnout rate of other programs, and potentially could end the program before its starts.

We have already talked with the director of Medicaid and they are looking into finding ways for us to bill the services we intend to deliver. There is also talk that a billing code might be able to be developed, not unlike the codes for PACT programs, that could be specifically for this program with a daily rate applied. There has also been mention of possibly making this a pilot program.

The Program:

This program is based on 5 key areas of a person's life that start in infancy and develop for the rest of a persons life. As we get older another area adds on until these identified key areas are the responsibility of the individual themselves.

5 Key Areas:

I have identified 5 key areas of a person life that must maintain a balance, together, for a person to be successful in their life the way they want it to be.

1. Self: this envelops the persons inner thought processes, morals, values, spiritual and so on. This is the foundation of who a person is and what they build on or change to become who they want to be. Individual therapy will be used to combat apprehension to change, limit the stress of the changes as they take place and to concrete changes to the core of a person.

2. Family: I believe that everyone benefits from family. Families provide unconditional love, forgiveness, and connection to something for always. In some cases, family therapy will be used however this area is mostly about a person's connection to their family and repair and stabilization of those connections if need be.

3. Socialization: This area involves the interactions with others outside of our family. Where family is unconditional society is often not. Relationships of all types must be navigated properly for a person to succeed and be safe. The interactions between people are difficult to navigate at times and can be costly. Special consideration is taken in this area as it is part of all areas.

4. Career: making money to sustain yourself and possibly family, independence, sense of purpose, accomplishments, and acceptance. These are some of the concepts that having stable employment promote to an individual.

5. Physical and Mental Health: Therapy is a small part of the mental health aspect. Therapy will be provided for all cases in various formats. However, support groups, outings, creating bonds, and selfcare will be promoted as more common ways to support mental health. As for their physical wellbeing we will seek out to partner with practitioner(s) for those who do not have a primary physician. Then we will do our part by assisting participants in getting to appointments and support them at the appointments when needed.

Team:

A base team consists of a Therapist, 6 Life Management Assistants (this is what would be described as an Intensive Case Manager), and 2 Life Support Specialist (If this position were clinical it would be Peer Support).

Each LMA will have 10 people on their case load. Each therapist will be assigned 6 LMAs so that they have a dedicated case load of 60 ppl. The Life Support Specialists will also have a dedicated case load as part of this team. This will make it easier to build trust and make connections with the participants.

Therapists: When a participant comes into the program and is assigned to a team, the therapist on that team will be expected to a Needs Assessment, brief psychosocial/mental status exam, and the Life Balance Plan. During this initial visit it will be determined if therapy is needed from Synergetics, what type, and how often. Therapist will also facilitate clinical groups.

Life Management Assistants: Life Management Assistants help the participants fulfill the obligations set forth in the Life Balance Plan. They will help them with applications and resumes and get them to the interview training class, for example. They may have to support someone at the doctor's office to fill out the forms or just be there for moral support. LMAs literally support a person with the changes in the tough areas of their life with direct hands on help if needed. LMAs will also be expected to facilitate support groups twice a week. (*these are not clinical in nature. They are meant to promote socialization and communication skills only.)

Life Support Specialist: the LSS is the respite type provider, but also is an activities coordinator. The LSS may give a ride to an appointment, play games with people at the center, visit participants at their homes or plan a softball game, ping pong tournament, or some other recreational group activity. The LSS is the fun person but also the help for the caseload when the LMA cannot get someone somewhere because of scheduling conflict. They are also people who have gone through struggles of their own and come out on top.

Each Therapist, LMA, and LSS will be given a work phone. The LMA and LSS phones will be 24/7 support lines that the program participants can call with questions, help, or support with an issue. The Therapist phone, also 24/7 will be for mental health crisis calls only. Each LMA will take care of their 10 participants and LSS will be the back-up.

What Are We:

This program was design with many clinical aspects to it. However, it wasn't designed to be strictly clinical in nature. It was designed to be an intensive community-based intervention service that offers the participants what, I believe, they are lacking by way of life support in the 5 key areas.

The clinical aspects of this program are meant to help individuals deal with the adjustments, changes, and transitions that will take place as they get their life balanced. The clinical aspects are designed to help individuals use their weaknesses to their advantage, their strengths to propel them forward, and develop a strict set of morals and values that fit with their culture to promote dedication and success in their future.

The Life Balance and Management Program was designed to produce results in a short amount of time. It is also designed to give acceptance and support over a lifetime. Our belief is that the program and the participant need to work equally as hard to promote life balance and success for the future.

Intensity:

The Synergetics Life Balance and Management Program is meant to be intensive but not intrusive. Therefore, participants will have options and ground rules for participating in the program. This program is highly individualized to each person's needs. What that means for the participant is that their progression to graduate the program is based on how committed they are to establish and maintain the changes that are needed to promote life balance and success for the future.

Each LMA will be expected to see each of their 10 people twice a week or more, but never less than twice a week, for no less than 90 minutes. This is besides giving their participants 24/7 access by support line and facilitating two support groups a week.

Participants will also be expected to participate with their given LMA to complete their Life Balance Plan and get prepared for graduation.

The program is meant to be completed in 6 months; 1 year at the most. We are expecting that there will be more that take a year and some that need less than 6 months. Upon completion of the program each participant will receive a member's only card for them and their family. This means that they enter the aftercare maintenance portion of the program and become a lifetime member of Synergetics. Once this takes place, they can participate in support groups and therapy at a hugely discounted price, they will be able to go to the centers across the state (when established) anytime by showing their card (same with direct family members) and if qualified will have first consideration for any positions they apply for with Synergetics.

Classes and groups are the only programming that will be taking place at the center unless the individual requests doing therapy or seeing the LMA there. The design is to have interactions take place in the community or the person's home so that they are the ones who are in their comfort zone.

Family Oriented Belonging:

No matter what the interaction is, Synergetics is using a relationship model with the participants. This means creating relationships with participants that are ethically appropriate, but that are real as well. Synergetics will be oriented to and will encourage a family environment. To promote this, Members will receive cards for their direct family members as a way support a family environment. That means that all outings, trips, and events can be attended by direct family members as long as they meet the criteria for the event. Synergetics will also promote a comradery between members. We want participants to feel that they are cared for, that we will defend them when necessary, that they always have a place, that they are equals, and that they belong to something.

Having said that, participants who have graduated the program are life members of Synergetics. What does this mean? When a participant graduates the program, we will establish an aftercare plan for maintenance purposes. As life situations arise and help is needed or even just a safe place is needed, alumni will be able to bring their membership card and enter any center. Groups will be \$5, therapy and consults will be discounted (we will still accept insurance), or they can just hang out in a safe environment and socialize.

For those individuals that have not graduated the program, they will always be able to come back and finish. A new life balance plan will be agreed upon and work will continue forward to graduation.

Who does it help; how does it help;

This program is designed to help everyone who signs up. The program is specifically designed to everyone as individuals. This program is designed for 14yo and up; whether they are directed to attend or come voluntarily. They will possess an 'After Graduation' plan on how to maintain balance, they will know how to dedicate to their life, and they will be a life-long member of the Synergetics family and all it has to offer to help them maintain their balance when times get tough or they feel their dedication is slipping. From a clinical aspect those who suffer from an SED and/or SUD would benefit. If it is believed that their Mental Illness is more severe than believed, Synergetics will refer them to the proper services.

A sense of belonging, acceptance, validation, comradery, value; these are all things that drive a person to want to succeed. Accomplishment, success, dedication, reward, acknowledgement; these are experiences that keep them moving forward.

HOPE and DREAMS is what keeps it all from crashing down.

Benefits to the State:

- Probation and Parole
- Child and Family Services
- Help Act Reform participants
- Pre-Release
- City and County Jails
- Lower unemployment rate
- Lower recidivism rate
- Less children in foster care
- Ask about money saved by the state

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***Those that suffer from an SDMI (Severe Disabling Mental Illness) are better served by other programs that are designed for the longer treatment models and are strictly clinical.**